



Saints John and Paul Parish School of Religion

280 Weaver Street, Larchmont, NY 10538

914-834-4597 jshea@sjpparish.org



Re- Registration Form for 2020-2021

Instructions:

- This form is only for Re-registration.
- **Please Note:** all families in our Religious Education Program must be registered and contributing (weekly or monthly) members of Saints John and Paul Parish. Applications will not be accepted unless the family is listed on ***We Share***, the parish online giving program.
 - To register for ***We Share***, go to www.sjpparish.org and click on “online giving”. Follow the instructions when the page opens.

Family Name: _____

Mother’s name: (please include maiden name) _____

Father’s name: _____

Best Email Address: (all our information goes out by email)

1. _____

Child’s Name: _____ **Grade entering 2020:** ____

Child’s Name: _____ **Grade entering 2020:** ____

Child’s Name: _____ **Grade entering 2020:** ____

Child’s Name: _____ **Grade entering 2020:** ____



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REGISTRATION FEES

1-Child	370
2-Children	495
3 or more children	705

Payments must be made through We Share Online Giving. Go to <https://sjpparish.churchgiving.com/> and use the link for Religious Education tuition and fees.

- Note: Please contact Deacon Shea if there are any problems with payment.

Any allergies or other medical conditions, please explain below.



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2019-20 FAMILY EMERGENCY FORM

[NOTE: All blanks must be completed in order to ensure your child's registration.]

Family Name _____

Address: _____

First Name	Grade	First Name	Grade
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

MOTHER'S First and Last Name: _____

Home Phone: _____ Cell: _____

FATHER'S First and Last Name: _____

Home Phone: _____ Cell/: _____

Baby sitter, au pair, nanny cell phone _____

In case of emergency and parent is not available, contact one of two:

1. _____

Name	Relationship to Family	Phone
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2. _____

Name	Relationship to Family	Phone
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Child's Physician: _____

Name	Phone
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Parent's Signature

Date



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PLEASE SIGN THE FOLLOWING *AFTER READING*:

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Signature of parent or guardian

Date

Please complete the following information in full:

HOSPITAL where student should be taken if parent or physician is unavailable:

MEDICAL INSURANCE CO.: _____

ID NUMBER: _____ GROUP NUMBER: _____